

# Fields of Grace Worship Center

## Membership Application

Rev. 07/12

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Email: \_\_\_\_\_

Have you accepted Christ as your Savior? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been Baptized? Yes (date) \_\_\_\_\_ No \_\_\_\_\_

Have you attended the FOGWC membership class? Yes (date) \_\_\_\_\_ No \_\_\_\_\_

Do you support the "CORE BELIEFS" of FOGWC? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you read and understand the "Conflict Resolution Policy? Yes \_\_\_\_\_ No \_\_\_\_\_

Do agree to support the ministry of FOGWC to the best of your ability? Yes \_\_\_\_\_ No \_\_\_\_\_

***On the back of this page, please share how you accepted Christ as your Savior, and how this decision has changed your life.***

### OFFICE USE ONLY

Date Received: \_\_\_\_\_

Received/Reviewed by: \_\_\_\_\_

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

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